



CITY OF LODI

COUNCIL COMMUNICATION

AGENDA TITLE: Communications (September 29, 1994 through October 12, 1994)

MEETING DATE: October 19, 1994

PREPARED BY: City Clerk

RECOMMENDED ACTION: No action - information only.

BACKGROUND INFORMATION: Copies of applications for Alcoholic Beverage Control License have been received from the State of California Department of Alcoholic Beverage Control for the following:

- a) Food 4 Less, 2340 West Kettleman Lane, Lodi, Off Sale Beer and Wine, Original License; and
- b) Georgia Perlegos, Save Mart, 1340 South Hutchins Street, Lodi, Off Sale General License, Person to Person Transfer.

2340 West Kettleman Lane is zoned C-S, General Shopping, and 1340 South Hutchins Street is zoned C-2, General Commercial. These are appropriate zonings for these types of Alcoholic Beverage Control licenses.

FUNDING: None required.

Jennifer M. Perrin
Jennifer M. Perrin
City Clerk

JMP

Attachments

APPROVED _____

THOMAS A. PETERSON
City Manager



RECEIVED

94 OCT 11 PM 2:08



APPLICATION FOR ALCOHOL BEVERAGE LICENSE(S)

TO: **CITY OF STOCKTON**
Department of Alcoholic Beverage Control

File Number.....**301178**

Receipt Number.....**1005321**

Geographical Code.....**3902**

Copies Mailed Date **10 7-94**

Issued Date

31 East Channel Street, Room 168
P.O. Drawer 150
Stockton, CA 95201
(209) 948-7739

DISTRICT SERVING LOCATION:

STOCKTON

Name of Business:

FOOD 4 LESS

Location of Business:

Number and Street
City, State Zip Code
County

**2340 W KETTLEMAN LN
LODI CA 95242
SAN JOAQUIN**

Is premise inside city limits?

Mailing Address:

(If different from
premise address)

**255 E MARCH LN
STOCKTON CA 95207**

If premise licensed:

Type of license

Transferor's names/license:

License Type	Transaction Type	Fee Type	Master	Due	Date	Fee
1. 20 OFF-SALE BEER AND	ORIGINAL	NA	YES	0	OCT 07, 1994	\$100.00 :
2. 20 OFF-SALE BEER AND	ANNUAL FEE	NA	YES	0	OCT 07, 1994	\$34.00 :
TOTAL						\$134.00

Have you ever been convicted of a felony? **NO** Have you ever violated any provisions of the Alcoholic Beverage Control Act, or regulations of the department pertaining to the Act? **NO**

Explain any "Yes" answer to the above questions on an attachment which shall be deemed part of this application.

Applicant agrees (a) that any manager employed in on-sale licensed premise will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

STATE OF CALIFORNIA

County of **SAN JOAQUIN**

Date **OCT 07, 1994**

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing and knows the contents thereof and that each of the above statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant or applicant's business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor or transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

Applicant Name(s)

Applicant Signature(s)

DODIE INC

Pres.



RECEIVED

APPLICATION FOR ALCOHOL BEVERAGE LICENSE(S) PH 2: 20

TO:

Department of Alcoholic Beverage Control

31 East Channel Street, Room 168
P.O. Drawer 150
Stockton, CA 95201
(209) 948-7739

File Number.....**301249** PERREN
Receipt Number.....**1005162**
Geographical Code.....**3902**
Copies Mailed Date
Issued Date

DISTRICT SERVING LOCATION:

STOCKTON

Name of Business:

SAVE MART

Location of Business:

Number and Street
City, State Zip Code
County

1340 S HUTCHINS
LODI CA 95240
SAN JOAQUIN

Is premise inside city limits?

Mailing Address:

(If different from
premise address)

4903 ANTIOCH ST
UNION CITY CA 94587

If premise licensed:

Type of license

Transferor's names/license:

PERLEGOS GEORGIA 233922

License Type	Transaction Type	Fee Type	Master	Due	Date	Fee
1. 21 OFF-SALE GENERAL	PERSON TO PERSON TRANS	NA	YES	0	OCT 06, 1994	\$1274.00 :
2. 21 OFF-SALE GENERAL	RENEWAL FEE	NA	YES	0	OCT 06, 1994	\$446.00 :
3. NA NO LICENSE TYPE	STATE FINGERPRINTS	NA	YES	0	OCT 06, 1994	\$78.00 :
TOTAL						\$1798.00

Have you ever been convicted of a felony? **NO** Have you ever violated any provisions of the Alcoholic Beverage Control Act, or regulations of the department pertaining to the Act? **NO**

Explain any "Yes" answer to the above questions on an attachment which shall be deemed part of this application.

Applicant agrees (a) that any manager employed in on-sale licensed premise will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

STATE OF CALIFORNIA

County of **SAN JOAQUIN**Date **OCT 06, 1994**

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf, (2) that he has read the foregoing and knows the contents thereof and that each of the above statements therein made are true, (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant or applicant's business to be conducted under the license(s) for which this application is made, (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor or transferor or to defraud or injure any creditor of transferor, (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

Applicant Name(s)

Applicant Signature(s)

BAINS JASBINDER K *K. Bains***BAINS SURINDER S** *S. Bains*

LICENSE ACTION REQUEST

STATE OF CALIFORNIA
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL

1. NAME PERLEGOS, GEORGIA L.	2. ABC LICENSE NUMBER 21-233922
3. DBA Save Mart	4. DISTRICT OFFICE Modesto
5. PREMISES ADDRESS 1340 Hutchins	6. LICENSE ATTACHED <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY AND ZIP Lodi, CA 95240	

APPLICATION TO TRANSFER LICENSE

7. Transfer to: Surinder Singh Bains and Jasbinder K. Bains

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the licensee, or an executive officer of the corporate licensee, named in the foregoing transfer application, duly authorized to make this transfer application on its behalf; (2) that he hereby makes application to surrender all interest in the attached license(s) described below and to transfer same to the applicant and/or location indicated on the upper portion of this application form, if such transfer is approved by the Director; (3) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety days preceding the day on which the transfer application is filed with the Department or to give or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (4) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

Name(s) of Licensee(s)	Signature(s) of Licensee(s)	Name(s) of Licensee(s)	Signature(s) of Licensee(s)
a. Perlegos, Georgia L.	<i>Georgia Perlegos</i>	d.	
b.		e.	
c.		f.	

CANCELLATION

☐ Immediately ☐ Upon Issuance ☐ Other: _____

I voluntarily cancel my license because I am no longer in business. I understand my license cannot be reactivated or reinstated.

8. DATE CLOSED	9. SIGNATURE X	10. DATE	11. HOME TELEPHONE NUMBER ()
----------------	-------------------	----------	----------------------------------

SURRENDER - Rule 65

☐ Immediately ☐ Upon Issuance ☐ Other: _____

I voluntarily surrender my license for a period of not more than one year. I intend to ☐ Transfer ☐ Reactivate the license. I understand that the license must be renewed at the time renewal fees are due or the license will be automatically revoked. I further understand that the Department will proceed to automatically cancel my license at the expiration of the one-year period if not transferred or reactivated.

13. DATE CLOSED	14. SIGNATURE X	15. DATE	16. HOME TELEPHONE NUMBER ()
12. MAILING ADDRESS			

REQUEST FOR SURRENDER OF RETAIL LICENSE FOR TEMPORARY PERMIT UNDER SECTION 24045.5(b) OF THE ALCOHOLIC BEVERAGE CONTROL ACT

17. SURRENDER DATE	18. TEMPORARY PERMIT NUMBER	19. EFFECTIVE DATE	20. EXPIRATION DATE
21. TRANSFEREE			

Important Notice to Licensee

All licenses surrendered will be automatically revoked if the renewal fees are not paid. Any change of mailing address shall be reported to the District Office. The surrendered license will be automatically cancelled upon transfer to the temporary permittee. If the transfer application is denied or withdrawn, (a) if the transferor intends to resume operation of the licensed business he must request the return of the surrendered license and establish that there has been no change in the ownership or the qualifications of the licensed premises; (b) if the transferor does not intend to resume operation of the licensed business and does not request return of the surrendered license then the Department will proceed to hold the license under the provisions of Rule 65. The effective date of Rule 65 surrender will be the date of application, denial, or withdrawal.

APPLICATION FOR:

<input type="checkbox"/> Temporary Retail Permit	<input type="checkbox"/> Duplicate License	<input type="checkbox"/> Manager
<input type="checkbox"/> Caterer's Permit	<input type="checkbox"/> 09 Importer's License	NAME: _____
<input type="checkbox"/> Controlled Access Cabinet	<input type="checkbox"/> 12 Importer's License	<input type="checkbox"/> Food Lessee
<input type="checkbox"/> Portable Bar License	<input type="checkbox"/> Private Warehouse	NAME: _____

22. I/We have read the foregoing and know the contents thereof. SIGNATURE X	23. TELEPHONE NUMBER ()	24. DATE
25. MAILING ADDRESS		

FOR DEPARTMENT USE ONLY ☐ Premises Abandoned ☐ Letter Attached Requesting Surrender or Cancellation ☐ Other: _____